

(478) 207-2440  
Customer Service

**SECRETARY OF STATE**  
**Professional Licensing Boards Division**  
**237 Coliseum Drive, Macon, GA 31217**

(Fax) 866-888-7127  
Healthcare I

**REQUEST FOR NAME CHANGE (No Fee)**

To request a name change on a license, please complete the following application and enclose a copy of the document causing the name change. There is **NO CHARGE** to change a name on a license.

**DO NOT SEND ORIGINAL DOCUMENTS – THEY WILL NOT BE RETURNED IF YOU DO**

Requests may be submitted by Fax (866-888-7127), by E-Mail to [ExamBoards-Healthcare@sos.state.ga.us](mailto:ExamBoards-Healthcare@sos.state.ga.us) or by mail to address above.

- Complete THIS application in your new **LEGAL NAME** you wish to appear on license.
- Submit a copy of the legal documentation for changing name: Marriage Certificate, Filed Marriage License, Divorce Decree or Court Order. (Original documents will **not** be returned.)
- Please print your information clearly.

**Profession:** \_\_\_\_\_

**GA License #** \_\_\_\_\_

**NEW Name:**

\_\_\_\_\_  
(Last) (First) (Middle)

\_\_\_\_\_  
(Signature) (Date)

*\*You may also use this form to provide the Board with any new, updated demographic or e-mail address changes you wish to make.*

*These changes may also be made online by you (except for the name change) @ [www.sos.ga.gov/plb](http://www.sos.ga.gov/plb).*

**Physical Address:** \_\_\_\_\_  
(Street Only – NO P.O. Box # Accepted)

\_\_\_\_\_  
(City) (State) (Zip)

**Mailing Address:** \_\_\_\_\_  
(Street or P.O. Box – This address will appear on the public listing of your license)

\_\_\_\_\_  
(City) (State) (Zip)

**Phone #:** (\_\_\_\_\_) \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_  
(Please PRINT Clearly)

\_\_\_\_\_  
(Signature) (Date)